

The Criticality Information Summary is designed to prioritize the needs of people applying for home and community based services under Medicaid waivers administered by the Alabama Division of Mental Retardation.

The Criticality Information Summary will be administered by case managers. The case manager may or may not know the individual. This should not be a problem, because the Summary asks for objective information that can be obtained from a face-to-face interview with the person and his family. Once the Criticality Information is collected and sent to the Division, it will be scored and paired with records showing the original date of application. There will be a score for each service group requested. Based on the score and the length of time waiting for that service group, and on the funding available, individuals will be admitted to the requested services.

The waiting list will be administered on a statewide basis. If there is funding available for 10 people, for instance, the people with the 10 most critical need scores will be selected to receive the services to which the scores apply. If the criticality scores are tied, length of time waiting will be the second factor considered.

How the Summary Works

Home and community based services have been combined into three service groups for which a person can be waiting: Residential, Day, and Supports.

- The service group Residential refers to any setting outside a person's family home where the person receives 24-hour services.
- The service group Day includes day habilitation, supported employment, and prevocational services.
- The service group Supports contains any of the hourly services (e.g., therapies, nursing, personal care).

A person could have a very critical need for one service group and a less critical need for another group. Likewise, a person could be receiving service from one service group and be on a waiting list for a service from another group. For this reason, criticality information must be provided for each service group for which a person has a need and a separate score will be generated for each service group.

The Criticality Summary is organized by five categories of need. Each category of need reflects a different set of reasons why a service group is needed. The five categories of need are: Health and Safety; Family Support; Individual Daily Living Supports; Inclusion Supports; and Long Term Planning. In the summary, the categories are ranked from most critical need (Health and Safety) to least critical need (Long Term Planning). Your job in using this instrument is to match each of the person's needed service groups with the category of need that best describes WHY the person needs service(s) from that group.

There are two rules about how you match service groups with categories of need.

1. Each service group that a person needs (Residential, Day, and/or Supports) must be assigned to one, and only one, of the categories of need. For example, if a person requires residential services, you must match that service group with the most appropriate category of need. If the person requires residential services because the family is undergoing a lot of stress, you might enter the residential service group in the category of Family Support. You must not, however, also enter that service group in another category at the same time.
2. You can, however, assign more than one of the three service group to any one category of need. For example, if the person requires both day and residential services, you can enter both the Residential and Day service groups into Family Support, or enter one into Family

Support and the other into any of the other categories of need. Base this decision on which category best describes why the person requires the service.

On the last page of the Criticality Summary is an additional checklist that is required if any service group is assigned to categories of Health and Safety or Family Support. This checklist indicates medical and behavioral conditions that may require intervention, and this information can impact the scores in the two mentioned categories.

In order for a service group to be entered on the statewide waiting list it must be identified as a need for the individual; a need specifically related to the person's disability (i.e., not something that would be needed regardless of the person's disability); and unavailable through other (non-waiver) funding or natural support sources. In addition, it should be noted that the Criticality Summary is a picture taken at a specific time. It will need to be updated as situations change, at least annually but more often if a person needs a service group in one of the three most critical categories.

Instructions

Fully complete the Identifying information on the face page. Ethnicity and Hispanic Origin codes are set to comply with census data asked of the Department. Figure out which waiver services the person needs, and fit them into the appropriate service groups. Then read through the five categories of need and assign each service group to the category that best describes why the individual needs that service group. If a person does not need a service from a particular service group, do not include it. Remember, a service group can only be entered in the one category that best describes the need for it. Once you have assigned at least one service group to a category of need, fill out any additional information that is required by the category of need. This additional information can impact the person's scores.

Each category of need is briefly described within the summary itself.

- The focus of category 1, Health and Safety, is on the immediate risk of harm to the person or to others, should the service not be provided.
- The focus of category 2, Family Support, is on the risk that the care giving the family has provided to the person will no longer be available unless the service is provided to shore up the family. This category would also include a situation where the care giving of the family needs to be replaced because the family is no longer able to provide it. Entry of a service group in category 2, without evidence of the potential or actual breakdown of the family, can result in a lower score than category 3.
- The focus of category 3, Individual Daily Living Supports, is on the risk that the person living independently or with family will need to move to a more restrictive setting without services to support his activities of daily living. Note that the focus is on the individual's needs rather than those of the caregiver. This is the proper category when the caregiver is basically able to provide the care but either chooses not to or just requires a little assistance.
- The focus of category 4, Inclusion Supports, is on the risk that the person, absent these services, will be unable to participate in meaningful community activities. This category relates to a person's quality of life and is important in that regard, but is less critical than basic support needed in activities of daily living (category 3).
- The focus of category 5, Long Term Planning, is on the risk that at some time in the long range future, the person's current situation will need to change. This category will often be appropriate for one service group while the person is actually receiving services from another group.